

Focus Area E Workgroup
August 08, 2002 Minutes
9:00 – 11:00 PM
State Laboratory Institute/RM 133

Attendees:

Facilitator: James Daniel, MPH
Bureau of Communicable Disease Control
Health Alert Coordinator

Support: Robert S. Goldstein, MPH
Bureau of Communicable Disease Control
Director, Division of Epidemiology & Immunization

John A. Schaeffer
Bureau of Communicable Disease Control
Systems Analyst

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Introductions

Mr. Daniel convened the meeting and welcomed the participants. Participants were asked to introduce themselves and state their affiliation. Contact information of participants was recorded on a distributed sign in sheet.

Overview of Funding and CDC Cooperative Agreement

Funding for projects within Focus Area E stems from portions of three primary sources, including the Centers for Disease Control and prevention (CDC) Cooperative Agreement, the Hospital (HRSA) Cooperative Agreement and Metropolitan Medical Response System (MMRS) contracts.

As one of six focus areas of the CDC Cooperative Agreement, Focus Area E addresses communication connectivity, redundant emergency communications, protection of critical data and information systems, and secure electronic data exchange.

Review of Preliminary Mission Statement and Timelines

The current preliminary mission of the working group as distributed and reviewed follows:

“To assist the MDPH in the conceptualization, planning and coordination of a needs assessment(s), and subsequent development and implementation of communications and IT activities as they apply to Public Health Preparedness and Response for Bioterrorism Cooperative Agreement Focus Area E and where there is overlap with Focus Areas A, B, F and G, and with communications activities in the Massachusetts Bioterrorism Hospital Preparedness Program Cooperative Agreement. The working group will serve as a clearinghouse to ensure collaboration, representation and inclusion of local and community partners.”

No changes to this mission were voiced although future comments are welcome for consideration. All the critical capacities and Proposed Project Plans for Focus Area E were distributed and reviewed without amendments.

Role of Working Group

The working group will assist and provide feedback to the BioTerrorism Advisory Committee with regards to the completion of a needs assessment as well as to the formulation of particular operations protocols and processes necessary to optimize coordination and response quality.

Additional Representation on Working Group

Current representation on the Working Group includes:

- Local Boards of Health
- Local public safety agencies (fire, police, EMS)
- Regional EMS (CMED)
- MEMA/FEMA
- Other state and federal working groups including the US Attorney General’s Anti-Terrorism Task Force (ATTF) and the state Nuclear Regulatory Agency
- State Information Technology Services (ITD)
- State Public Safety (EOPS)
- Hospitals/HRSA Cooperative Agreement
- Other healthcare providers such as general practitioners, pediatricians and nurses
- Representatives from other working groups including the National Pharmaceutical Stockpile (NPS) working group
- Other MDPH Bureaus
- Massachusetts Community Health Centers

- Massachusetts Association of Public Health Nurses
- Veterinary
- Massachusetts Health Data Consortium

Any additional representation on the working group can be suggested through James Daniel (contact info below).

Demonstration of Health Alert Network

The Department of Public Health, Division of Epidemiology and Immunization, presented their solution for a state wide, web-based communications system, the Health Alert Network (HAN). The Division has purchased software from Virtual Alert that configures commercial, off-the shelf products into a functional communications network. The Virtual Alert system, which has its roots in law enforcement and public safety, is in place in three states and one municipality and is being implemented in several other state, federal and local jurisdictions.

Functionality of the system demonstrated included:

- Secure web portal for login, authentication and authorization.
- Role based directory of members with the ability to look up individuals by name or by role (including location and time constraints for the role).
- Alerts and Notifications with call down communication system. Depending on degree of alert, members are notified by e-mail (for low-level alerts), pager (for medium level alerts), or phone (for high level alerts). The system limits what type of alert an individual can post and who they can alert based on their role. Alerts can also be marked to notify members with a higher level of security to disseminate the information to a wider group.
- Document management with version control. Documents that require the input of multiple individuals can be posted on the system. The original author of the document can invite other members to provide input on the document. Members can either have direct access to the document with the ability to make changes (only one member at a time can check out the document to make changes), or they can be limited to view the document and participate in a discussion thread.
- Semi-public view to allow the posting of “cleansed” alerts, news and documents to a select, semi-public audience.
- Security and auditing with the ability to track which members have viewed or made changes to alerts, notifications or documents.
- Distance learning and training with the ability to post PowerPoint presentations and possibly video-conferencing in future versions.

- Delegated administration to minimize the need for IT professionals.
- Compliance with all state and federal standards including HIPAA and NEDSS.
- Extensions to other communication systems to allow the system to send and receive alerts to other state and federal communications systems.

Health Alert Network Pilot – Goals and Objectives

The current goals of the Health Alert Network Pilot include the following:

- Capture user feedback and make strategic enhancements
- Develop necessary protocols and procedures (alert escalations, permissions, etc.)
- Determine optimal involvement of other state agencies in leveraging the application infrastructure
- Specify the public health and public safety roles for the User Directory
- Conduct table top exercises simulating threats and other public health/public safety situations
- Evaluate application solution (Virtual Alert BioTerrorism Readiness Suite)
- Establish and evaluate application hosting arrangements
- Identify other state and federal communication networks and determine appropriate integration/interaction
- Determine and establish optimal integration with Mass.Gov, Shared Security Services (S3) and Central Business Directory (CBD)

Discussion

Sub committees of the Focus Area E Working Group will convene to formulate and design suggested protocols and processes. Four primary sub-groups were identified as follows:

- Identification of roles, access rules and general procedures for the HAN.
- Implementation of the pilot version of the HAN
- Identification of back-up communication systems (two-way radio, etc.) and other infrastructure needs (high speed internet access)
- Collaboration with Focus Area A to ensure that the statewide Needs Assessment meets the requirements of Focus Area E

At the next meeting, attendees will be asked to participate in sub-group committees which will then present to the larger Focus Area E Working Group for review and discussion.

Next Meeting: September 12 at 9:00 am at MEMA -400 Worcester Road (Route 9) in Framingham, MA

Primary Topic for Discussion: Initial sub-group meetings.

Deliverable: Initial assistance and feedback for the Bio-terrorism Advisory Committee.